Child Care Injury / Incident Report

Provider Name	Provider ID

Name of Injured Child	Age of Child	Child's Gender ☐ Male ☐ Female

Date of Incident	Time of Incident ☐ am ☐ pm	☐ Called 911 ☐ Called Poison Control

CHECK ALL THAT APPLY

Type of Injury / Incident

- ☐ Open Wound / Cut
- ☐ Sprain/Strain/Twist
- ☐ Broken Bone / Fracture
- ☐ Respiratory Condition
- ☐ Pain/Inflammation/Bump
- ☐ Allergy/Sensitivity Reaction
- ☐ Loss of Consciousness
- ☐ Other:
- ☐ Dislocation
- ☐ Burn
- ☐ Poisoning
- ☐ Seizure

Body Parts Affected

- ☐ Head/Face
- ☐ Ears
- ☐ Eyes
- ☐ Nose
- ☐ Mouth/Teeth
- ☐ Toes
- ☐ Legs/Knees
- ☐ None
- ☐ Other:
- ☐ Arms/Elbows
- ☐ Hands/Wrists
- ☐ Fingers
- ☐ Abdomen
- ☐ Hip/Pelvis
- ☐ Chest/Shoulders
- ☐ Feet/Ankles
- ☐ Groin
- ☐ Buttocks
- ☐ Torso/Side
- ☐ Neck
- ☐ Back

Professional Medical Treatment Given

- ☐ First Aid
- ☐ CPR
- ☐ X-rays
- ☐ Stitches / Staples / Glue
- ☐ Dental
- ☐ EMT treatment onsite
- ☐ Other

- ☐ Serious Injury – Hospital Admission (overnight)
- ☐ Fatality

Side of Body Affected ☐ Left ☐ Right

Where Injury / Incident Occurred

Indoor
- ☐ Classroom/Playroom
- ☐ Kitchen
- ☐ Bathroom
- ☐ Sleeping Area
- ☐ Other:

Outdoor
- ☐ Play Area
- ☐ Playground Equipment
- ☐ Pool / Water
- ☐ During Field Trip
- ☐ Other:

Cause of Injury / Incident

- ☐ Slip or trip
- ☐ Struck By Object
- ☐ Overexertion
- ☐ Fall
- ☐ Bites/Scratches/Kicks
- ☐ None/Unknown
- ☐ Other:
- ☐ Fire
- ☐ Electricity
- ☐ Chemicals
- ☐ Structures/Surfaces

Taken to Clinic / Hospital

- ☐ Not taken
- ☐ By Parent
- ☐ By Provider
- ☐ By Ambulance
- ☐ Unknown

List names of staff present and/or witnesses:

Please give a brief summary of incident.

Parent/Guardian Contacted	Licensor Contacted	Social Worker Contacted (if child has a Social Worker)
☐ In person Date:	☐ In person Date:	☐ In person Date:
☐ Phone	☐ Phone	☐ Phone
☐ E-mail Time:	☐ E-mail Time:	☐ E-mail Time:

Parent / Guardian Comments:

_____	_____
Parent / Guardian Signature Date	Licensee/Staff signature Date
Print Name:	Print Name: